REQUESTS BY MAIL OR FAX BANKRUPTCY CASE FILES ONLY

The Office of Regional Records Services in San Bruno, California, accepts mail/FAX requests for photocopies of **personal bankruptcy** case files, and forwards the photocopies to the requestor via U.S. Postal Service (USPS) or FAX. Requestors may obtain photocopies of either the **ENTIRE CONTENTS** of a case file, the **PACKAGE** of common documents, or specific **REQUESTED DOCUMENTS** from the docket sheet.

Please follow the 5 steps below to obtain certified or uncertified copies of bankruptcy case files:

	btain the following information t NE FORM PER CASE	from the court where	e the case was filed and closed.			
FRC ACCESSION NUMBER	AGENCY BOX NUME	BER	FRC LOCATION NUMBER			
CASE FILE NAME CASE FILE NUMBER						
	r you want the ENTIRE CONT pecific REQUESTED DOCUM					
The ENTIRE CONTENTS of the case file. This option includes <u>ALL</u> of the documents in the requested case file and costs \$35.00 for the first 70 pages and \$.50 per page thereafter, not to exceed 200 pages total.						
The PACKAGE containing commonly requested documents. This option includes the documents listed below ONLY. All questions concerning file contents should be directed to the appropriate Bankruptcy Court. The total cost of the PACKAGE is \$10.00.						
	following: Order of Discharge, uiling List of Creditors (NOT SC		or <u>Final Decree</u> .			
REQUESTED DOCUMENTS from the docket sheet. This option includes specific documents hilighted or otherwise clearly marked on a copy of the docket obtained from the court. All questions concerning file contents should be directed to the appropriate U.S. Bankruptcy Court. The total cost of the REQUESTED DOCUMENTS is \$35.00 for the first 70 pages and \$.50 per page thereafter, not to exceed 200 pages total.						
	if you would like to have your jion of true, legal copies and cost					
pages). Photocopies in excess	ou would like to have your photos of 70 pages will be mailed to yo	ou via USPS.				
FOR REGIONAL RECORDS CENTER USE ONLY						
SEARCHER'S INITIALS	DATE OF SEARCH SEAR	CHER'S REMARKS				

STEP 3	Print your name, mailing address, <u>AND</u> telephone number below:					
	NAME					
	ADDRESS					
	CITY		STATE	ZIP CODE		
	DAYTIME TELEPHONE NUMB	ER (Area Code)			
	FAX TELEPHONE NUMBER (A	area Code)			
STEP 4	Payment may be in the form of a MONEY ORDER, PERSONAL PRE-PRINTED CHECK , or CREDIT CARD , i.e., VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER/NOVUS. (Please circle type of credit card used).					
	SUMMARY OF CHARGES:					
	ENTIRE CONTENTS	= \$35.00 up t				
	PACKAGE REQUESTED DOCUMENTS	you for the = \$10.00 = \$35.00 up t \$ 0.50 per p	additional fee - 20 o 70 pages	over 70 pages, we will contact 0 pages maximum) over 70 pages, we will		
	CERTIFICATION			able with FAX service)		
	Make checks or money orders pays	able to: NATIO	ONAL ARCHIV	ES TRUST FUND (NATF)		
	If charging this purchase to your cr signature below:	redit card, enter t	he account numbe	r, the expiration date AND your		
	CREDIT CARD #			EXP. DATE/		
	SIGNATURE					
STEP 5 Ma	ail your payment and/or this completed fo	ATTN: 1000 C	E OF REGIONAI COPY REQUES' OMMODORE DI RUNO, CA 94066	Γ RIVE		
	will be processed (file retrieved, docum ee (3) business days of receipt at the Re					

****NOTE: <u>REQUESTS WILL NOT BE TAKEN BY PHONE</u> ****

Or FAX your request to us at (650) 238-3507 if paying by credit card.

YOUR REQUEST, AND ANY FEES SUBMITTED, WILL BE RETURNED TO YOU IF:

- a. The information supplied in **STEP 1** is incorrect or incomplete.
- b. The name on the case file does not match the name requested.
- c. You fail to enclose a check or money order OR if the amount is incorrect.
- d. Authorization cannot be obtained for the credit card number you supplied.
- e. Clearly marked docket sheet for Requested Documents not received.
- f. Federal agency requests are submitted without proper fees.

For Further Information Call 650-238-3500 (Monday through Friday, 7:00 a.m. to 3:30 p.m.)